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## Non-faculty Position Request for Reclassification and/or Promotion

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### Current Employee Information

Date: _____	Department: _____
Department contact person: _____	
Phone number: _____	Email address: _____
Employee name: _____	
Employee current title: _____	
Employee pin: _____	Employee current annual salary: _____
Original hire date: _____	Length of time in current title: _____
Immediate supervisor name: _____	

### Proposed Action

Proposed title: _____	Proposed annual salary: _____
<ul style="list-style-type: none"><li>• <b>How did you determine the proposed title and salary?</b></li>          <li>• <b>Describe the plan for funding and sustaining the proposed salary increase.</b></li>          <li>• <b>Does the unit have base funding available to cover and sustain the increase in future years?</b></li></ul>	

Submit all documents electronically to: [cllabusiness@tamu.edu](mailto:cllabusiness@tamu.edu)

**Non-faculty Position Request for Reclassification and/or Promotion – cont.**

**Justification for Action**

Detail the business plan for the unit (you may attach a separate document).

- **Justification for new position or position change and how the new duties and responsibilities are critical to the mission of the unit:**

(Please enter the department’s justification for pursuing this action. How do the proposed responsibilities differ from the current responsibilities?)

- **Explain how the new duties evolved:**

(When explaining how new duties became necessary, consider the following questions: Are they new to the department? Were they previously performed by another employee? If so, who did them and why has this changed?)

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**Proposed Job Responsibilities**

**Job Description Summary**

Please enter the Job Description Summary here and limit to no more than four sentences. In this field, provide a summary of the position, consistent with and reflective of the more detailed duties sections, giving an overview of the level of skill required and scope of responsibility. Detailed job duties should be included in the Job Responsibilities section, not in this field.

(Please list job duties. Group together similar job duties with an estimated percentage of time it takes to complete. Add more job duties as necessary. Classification & Compensation recommends creating anywhere from 3-10 Job Duty Sections, to include "Performs other duties as assigned." The minimum percentage of time allowable is 5%. The maximum can vary, but recommended practice is to try not to exceed 50% if possible.)

(Please list job duties.)

**OFFICE OF THE DEAN**



(Please list job duties.)

(Please list job duties.)

(Please list job duties.)

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(Please list job duties.)

**5%: Other Duties**

Performs other duties as assigned.

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**Restrictions and Other**

**Does this employee customarily and regularly exercise discretion and independent judgment and have the authority to make important decisions?**

(Please answer “Yes” or “No”.)

- **If Yes, give percentage of time spent in this capacity:**

**Is this a supervisory position that has the authority to hire employees or whose recommendations for hiring, termination or other change of employment status are given strong consideration?**

(Please answer “Yes” or “No”.)

**Employees Supervised:**

(Please include job profile(s)/title(s) and number of each. If position will not supervise anyone at this time, please state “None.”)

**Machines or equipment used in the performance of essential duties:**

Please list each machine or equipment used to perform the essential duties of this position. Please provide estimated hours per workweek the machine or equipment is used (per ADA). For most positions, the combined total usage will seldom approach a full 40 hours, e.g., computer 20 hours, telephone 5 hours, calculator 1 hour.

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**Other Requirements or Other Factors**

Ability to work with diverse groups of people and be helpful, respectful, approachable, and team oriented. Ability to build strong working relationships and a positive work environment.

(This is an ideal space to list out any specific scheduling or physical requirements of the position, if any.)

**Preferred Other Factors**

(Please list any additional preferences.)

**Checklist for Supporting Documentation Required – (please attach all required documentation.)**

- Current Workday position description
- Current performance evaluation rating
- New position duties and percent of effort (attach Workday Position Description Template)
- Employee's current resume
- Unit organizational chart
- Other relevant and/or supporting documentation

**By signing below, I certify that the employee has not been subject to a disciplinary or corrective action in the previous 12 month period and that the answers to the preceding questions accurately reflect the content of the position.**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head/Unit Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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